

PHARMASELF24 REGISTRATION FORM

I _____ consent to collecting my medication from the Pharmaself24 machine. I understand that by choosing to collect my medication from the Pharmaself24 machine, I will need to request my medication online (please see our friendly reception staff to get yourself logged on today).

My date of birth is: _____

Mobile number: _____ I consent to SMS messaging for the purpose of my care at The Orchard Partnership and to be SMS messaged when my medication is ready to collect from the Pharmaself24 machine. We promise no junk mail will be sent to you

Email address: _____ I consent to SMS messaging for the purpose of my care at The Orchard Partnership. We promise no junk mail will be sent to you

Office use only:

Dispensing label:

Patient details confirmed:

Records updated:

Date: _____
